



# TWENTY – FIRST CENTURY LEADERSHIP IN NURSING: WHAT MUST IT BE?

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## ABSTRACT

Health care as a dynamic system brings about changes which greatly influences the practice of nursing. Nursing as an essential part of health care, have to be adept with the continuous change in the dynamics within its realm. This creates the need for nurses to be adequately equipped with the necessary knowledge, skills and attitude to efficiently implement the appropriate schema of practice for the delivery of efficient and cost effective health care. A current understanding of nursing and its core leadership initiates a deeper understanding of what is still relevant to the practice and what is not. The quality of health care delivery as an integral part in measuring the stability and progress of the society in general therefore creates the need to ensure that there is a strong leadership which will ensure the sustainability of its delivery. (Scott, Matthews & Kirwan, 2013, p.1; Rich & Porter – O'Grady, 2011, p.277)

Considering the various challenges and changes that impact the nursing profession and its practice, this literature aimed to present the current scenario affecting the health care system to which nursing is an integral part. Furthermore, it also aimed to present the response of the nursing profession with these challenges and changes through a redesign in its leadership in the 21<sup>st</sup> century.

**KEYWORDS:** Health Care System, nursing, leadership, challenges, redesign.

### I. The 21<sup>st</sup> Century Health Care System

The changing demographics in health care posit a challenge in the provision of care. The Australian College of Nursing featured the recent challenges experienced by its health care system. Most of which were related to increasing age in its population affected by chronic diseases, the increasing costs of health care, technological advancement and accessibility of health care. (Australian College of Nursing (ACN) White Paper, 2015, p.4) Likewise in the US, challenges which are of the same nature were experienced. The transition of the focus of care from illness to wellness, the locus of care from acute – care settings to community based, and the rising cost of care as well brought about the by the new technology posted a challenge to the US healthcare delivery system as well. (Koch, 2014, p.118, p.305) These have been a withstanding concern of the health care system. They are left unresolved because a more innovative way of problem solving which is needed to resolve this concern is hampered by customary problem solving approaches as well as frail leadership. (Marquis and Huston 2009, p.146 cited by Huston, 2008, p.905-906)

There are more than 3 million members in the nursing profession which accounts for the biggest proportion of the health care workforce. (IOM, 2010) In Australia, the nursing and midwifery workforce represents more than half of all registered health practitioners (HWA 2014; AIHW 2014 cited in ACN White Paper, 2015). This significant proportion of nurses supports the fact that nurses play a pivotal role in the delivery of health care.

Despite the call for nurses to respond to these challenges in health care, there are some hindrances along the way. As an offshoot of these hindrances, The Future of Nursing, Leading Change, Advancing Health, a report based on the need to assess and transform the nursing profession initiated by the Institute of Medicine (IOM) and the Robert Wood Johnson Foundation (RWJF) in 2008 came into fruition. The committee considered the nurses roles, the settings and education level in this report. Key Message 3 in the report puts emphasis on the need for leadership to realize the vision of a transformed health care. The report urges nurses to forge full partnership with physicians and other allied health professions in leading health transformation. Furthermore, the report placed an emphasis on the need to produce capable nursing leaders occupying key positions at the various level of health care system. It was also made an imperative that during the transformation and health reform process that nurses should exemplify leadership capacity and high level of collaborative skill which enables advancement of the potential for excellent innovative patient care. (IOM, 2010)

Nursing as a profession has evolved in many dimensions. It has expanded not only in its scope but also in its meaning as a profession. It is not only a profession focused on the mere performance of technical skills and completion of procedures but rather a profession who takes an active part in resolving complex and comprehensive issues that beset the system to which it belongs. It covers a wide scope of practice which is not limited within the bounds of the hospitals but which extends to community – based facilities such as schools, homecare, battlefields, private health clinics and health centers. (IOM, 2010; ACN White Paper, 2015, p.4) The roles played by nurses are varied yet holistic in nature because it may go beyond from being a bedside nurse to being the one in charge of coordination, total quality management, education and research. (ACN White Paper, 2015) Across these roles, another factor which has to be considered because of its

influence over them is the diverge level of education as well as competencies that nurses have. (IOM, 2010)

Adding to this, the challenge to recreate existing models of care and to discover new models of care and widening the scope of nursing practice prod the proficiency of nursing leaders in creating transformation through activities which will develop the holistic and integrative capacity of the nursing profession as part and parcel of the health care system. (Rich & Porter – O'Grady, 2011, p.279)

Nursing is now synonymous to innovation. It is a profession which requires continuous learning and improvement in order to meet the challenges of the times. Nursing throughout these years has evolved into an empowered profession. (Tiffin, 2013)

### II. The Redesigned Nursing Leadership in the 21<sup>st</sup> Century

Leadership as a complex process involves setting directions, stirring and inspiring people to attain a common goal. The complexity of the process involves acting out the role in both informal and formal setting. Leaders are not defined and built by position. Unlike managers who are assigned specific roles and responsibilities, leaders may emanate from among the lowest of ranks. (Zydzianaite, 2012) Malthais & Crupi (n.d), in their literature review, The Past, The Present and Future of Nursing Leadership, presented that nursing leadership is everybody's business and is not limited in a specific level of practice and area of care. Nurse leaders can now be seen in the different fields of nursing. They may be described as “advocates, mentors, role models, collaborators, communicators, risk takers, initiators of change, visionaries and motivators.”

Effective leadership is apparently becoming a key ingredient in ensuring the attainment of organizational targets (Zydzianaite, 2012) that is said to be operating in an environment that can be described as “chaotic, complex, competitive and turbulent” in the 21<sup>st</sup> century. Contemporary nursing with a similar described environment could also put into good use effective leadership. Leadership has offered many advantages which include creation of a working environment fit not only for nurses' use but for all health professions. Various reports from known organizations also support that leadership is a fundamental element and universal cure in resolving concerns in the clinical world of nursing. (Mannix, Wilkes & Daly, 2013) Self-motivated and well – supported nursing leaders lead to the advancement in the best practice of care. (Frankel, 2008 cited by Zydzianaite, 2012) The complexities of the organization as well as management of resources are primary considerations in relation to leadership. (Al Sawai, 2013)

The Canadian Nurses Association (CNA) viewed nursing leadership in a variety of contexts. From an educational point of view, the context of leadership is focused on assisting nurses' view nursing beyond its technical aspects of care but also as a commitment to be an agent of change within the system. Furthermore, other contexts include leadership as nursing practice with independence and innovation yet critically thought of, leadership as a research in practice, leadership that involves policy review and development and leadership that create an environment of safe practice, comfort and high – quality of care through leaders who are visionary and innovative in nature. (CNA, 2009)

Various concepts in leadership which are considered to be the “leader – manager’s repertoire for the 21<sup>st</sup> century” emerged from 21<sup>st</sup> century leadership researches built upon the interactive leadership theories developed in the late 20th century. These concepts on leadership include: *Servant leadership* which presents the thought that a great leader must be a servant first. A servant leader is one who views his position as a means of serving all stakeholders in the organization and a approach to build alliance and camaraderie. *Principal agent theory* is an interactive leadership theory which suggests that some subordinates may not be inherently motivated to act with their best like the leader. The variation between the two may lead the follower to go against the leader especially if he (follower) is more advantaged in terms of knowledge and skills. In order to handle this, the leader must be able to accord due recognition to followers who are doing their best to work for the organization in order to boost their morale and encouraged them to give more of their best; *Human and Social Capital Theory* is a theory which focuses on capitalizing on the innate competencies of the individual which is perceived to have an advantage for the organization. The organization will capitalize in staff development and continuing professional education primarily because of the benefit the organization will obtain from them. A research conducted by Aiken, Clarke, Sloane, Lake, & Cheney (2008) as cited in the article yielded a finding that for every (10) percent of hospital staff finishing their bachelor’s degree in nursing there is a four (4) percent decline in the risk of death, proved the veracity of this theory; *Emotional Intelligence (EI)* can be viewed as one’s ability to handle and express his emotions not only for himself but as well as for others. Self-regulation, social skills, motivation, empathy and self-awareness are the five components of EI according to Goleman (1998). Furthermore, he argued that each person may be influenced by the rationality of his thinking as well as his emotional make – up. A research done by Monemi (2009) found out that *emotional intelligence helps in creating the environment of the organization and that “highly emotional intelligent managers can create highly positive atmosphere within the organization.”*; *Authentic Leadership* is practiced when the leaders walk their talk. This also known as congruent leadership. (Stanley, 2008 cited by Huston) The values projected by the leaders impact his followers to be true themselves too however being true may also be challenging especially when there are outside factors which may not be morally upright. As applied in nursing leadership, nurse leaders experience conflict between their personal values and satisfying and meeting the demands of the health care system and part of this challenge is the issue on finances. (Huston, 2008; O’Neil, Morjikian & Chmer, 2008) The four components of authentic leadership include balance processing, internalized moral perspective, relational transparency and self – awareness; *Thought Leadership* is seen in a person who is seen by others as a confident source of new ideas and is able to encourage others to consider his thoughts. A person with thought leadership projects conviction and is willing to take risks and stands firm with his vision. In nursing, thought leadership guides nurse leaders in their choice of actions and interventions which could improve quality of care and reduce detrimental effects to all stakeholders in the health care system; *Quantum Leadership*, a theory which emerged in the 1990’s considers that the organizational environment is complex and dynamic. Quantum leaders consider “change is constant”. In the healthcare scenario, expecting the “unexpected” is common and quantum leaders must be able to connect the current circumstances with the unpredicted one in order to maintain environmental stability between the provider and the stakeholders; *Cultural Bridging* considers the varied background of stakeholders, the workforce and the nurse leader herself, Cultural bridging allows the nurse to have a understanding of these differences. The unique background of each is considered and respected and appreciated which lead to a healthy working environment. Nurse leaders should also reach out and bridge the gap across generation as this could also bring about differences in the working environment. (Twenty – First Century, 2010, p.51 -60)

The paradigm shift in relation to the development of various leadership theories involves a shift to relationship age leadership from an industrial age leadership. Industrial age leadership is traditional management focused on knowledge and skills development while on the other hand relationship age leadership is one that is concerned with the interaction of the leader and his members where both are working hand in hand towards the attainment of a common goal. However, no one paradigm should be chosen. The integration of both paradigms is possible in order to ensure the best possible way of accomplishing the goals. (Scott, 2006 cited in Twenty First Century, 2010, p.60)

Putting these theories into the context of nursing leadership, it is then essential that nurse leaders must become creative, innovative, influential, empowering, life – long learners, empathetic, advocates, decisive, resilient, supportive, heroic, intuitive and purpose driven. (Wisniewski, 2012 cited by Zydziunaite, 2012 ) Carol Huston in her paper, *Preparing Nurse Leaders for 2020* recognized the need for identifying leadership skills which is crucial to the current position of nursing profession and its leaders. She presented eight leadership competencies which included: *Global mindset* which is a combination of openness and awareness to culture multiplicity with the ability to function within and to accept and adapt to cultural variations. This provides an opportunity for nurses to respond accordingly on a more positive manner to healthcare issues and concern; *A working knowledge of technology* refers to the ability of nurses to combine the use of technology such as electronic health records, clinical decision supports and biometrics as a means to collect, use, communicate and store data related to the patient and nursing care; *Expert decision – making skills* which is experiential

and evidence – based. The qualities of decisions made by leaders impact his success or failure as a leader. Decisions which are based on facts and practices which are tried and tested give a high probability that desired outcomes will be achieved; *Prioritizing quality and safety* means one must take into consideration that the health care system is still challenged with errors and is still lagged behind in terms of its quality and management, leaders in the 21<sup>st</sup> century must be, according to White (2006) cited by Huston, are leaders who are inventive yet ensures security and value – laden improvement strategies; *Being politically astute* means that leaders must have an understanding and be able to appropriately intervene in political processes. Leaders are expected to handle communication and understanding within the organization and be able to impartially take actions as necessary; *Highly developed collaborative and team building skills* means that leaders must move from bureaucratic type of management to one that is flat which focuses on establishing a partnership between the leader and his follower. Organizational decisions are dispersed and based on consultation and discussion among all stakeholders; *the ability to balance authenticity and performance expectations*. Authentic nurse leaders in the 21<sup>st</sup> century are expected to walk their talk. It is the leaders’ personal attributes that motivates their subordinates to follow them. Authenticity in leadership is the “glue that holds the healthy environment” (Huston, 2008) and the one which entices, encourages and inspire (Kerfoot, 2006 cited by Huston, 2008); and the eighth competency is *being visionary and proactive in response to a healthcare system characterized by rapid change and chaos*. This is the most important leadership competency that the 21<sup>st</sup> century nurse leaders must hold because it enables them to identify areas where change is needed and enables them to convince and influence people to support the change. They must be prepared to understand and adapt to the dynamism of the working environment and be able to live and survive with this. (Huston, 2008, pp. 905-911)

The Canadian Nursing Association in their position paper cited the same view presented by Huston in her paper *Preparing Nurse Leaders in 2020* putting emphasis on her eight essential leaders’ competencies. In addition, the organization believed that effective leadership is a must in creating the future models of health care. The organization recognized that the associations among effective nursing leadership and patient and organizational outcomes is essential in all nursing roles. (CNA, 2009)

With the reality that exists within the realm of the health care system and the need to redesign leadership in the 21<sup>st</sup> century, there is a need for nurses, leaders, managers and subordinates alike to carefully examine the context of nursing practice which is enclosed in a bigger picture. The focus now is not just on the quantity of the work that is done but rather of the quality and the difference the work has impacted the system.

### III. Conclusion

The continuous evolution and challenges in the healthcare delivery system creates an impact on contemporary nurse leaders. (Villanueva & Mac Donald, 2006, p.84) This makes one realize that nursing is instrumental for the provision of efficient and quality care coupled with care and compassion in the system as a whole. (Scott, Matthews & Kirwan, 2013, p. 9) Therefore, the development of apt skills in nursing leadership is a must to ensure organizational success in the 21<sup>st</sup> century. The multidimensional facets of nursing leadership which includes the history of leadership setting, role of power and influence, the mechanism of leadership as well as its future development are inspirational to the development of future nurse leaders. (Jooste, 2004 cited by Zydziunaite, 2012)

The crucial role played by nurses in the dynamic health care delivery system cannot be undermined thus the need to train and develop nurses for leadership. This consideration impacts nursing practice not only in terms of “technical competence” but also on the character development of nurses. It places considerable challenge on nurse leaders and educators to ensure that nurses are adequately and holistically prepared. (Scott, Matthews & Kirwan, 2013, p. 9 – 10) The guidance provided by theories on leadership, management and organization directs the nurse on how to be effective leaders. Nurses must continuously evaluate themselves in order to be aware of areas of strength and weaknesses. This in effect will impact the continuous process of developing one’s leadership and management potentials. (Cherry, 2014, p.307)

Nurse leaders must then move forward and view the expanded horizon of health care. They should be the voice that echoes the needs of the stakeholders which leaves behind the past and speaks in a more “unified and consistent manner”. (Villanueva & Mac Donald, 2006, p.84) Nurse leaders in the 21<sup>st</sup> century must keep in mind that they have to be continuously and consistently updated and innovative in order to respond to the changes and challenges of the times because what may be fit yesterday may not be fit today.

### REFERENCES:

1. Al-Sawai, A. (2013). Leadership of Healthcare Professionals: Where Do We Stand? *Oman Medical Journal*, 28(4), 285–287. <http://doi.org/10.5001/omj.2013.79>
2. Australian College of Nursing (ACN). 2015, *Nurse Leadership*, ACN, Canberra. Retrieved from [https://www.acn.edu.au/sites/default/files/leadership/ACN\\_Nurse\\_Leadership\\_White\\_Paper\\_FINAL.pdf](https://www.acn.edu.au/sites/default/files/leadership/ACN_Nurse_Leadership_White_Paper_FINAL.pdf)

3. Callaway, M. (2007). Effective 21st century leadership: the seven aspirations. Retrieved from [http://callawayleadership.com/downloads/Eff\\_21st\\_Cent\\_Ldrshp\\_7Aspirations.pdf](http://callawayleadership.com/downloads/Eff_21st_Cent_Ldrshp_7Aspirations.pdf)
4. Canadian Nurses Association (2009). Nursing leadership. Position statement (p.1-8). Retrieved from [https://www.cna-aic.ca/~media/cna/page-content/pdf-en/nursing-leadership\\_position-statement.pdf?la=en](https://www.cna-aic.ca/~media/cna/page-content/pdf-en/nursing-leadership_position-statement.pdf?la=en)
5. Cherry, B. (2014). Nursing leadership and management. In C. Barbara & S. Jacob (Ed). Contemporary nursing issues trends and management (pp. 287 – 307). St. Louis, MS: Elsevier Retrieved from <http://www.rhc.ac.ir/Files/Download/pdf/nursingbooks/Contemporary%20Nursing%20Issues,%20Trends,%20&%20Management-2014-CD.pdf>
6. Health Workforce Australia (2012). Leadership for the sustainability of the health system: Part 2 – key informant interview report (pp.2 – 26). Adelaide, AU. Retrieved from <http://www.hwa.gov.au/sites/default/files/leadership-for-sustainability-of-health-sector-key-informant-review-012012.pdf>
6. Huston, C. (2008). Preparing nurse leaders for 2020. Journal of Nursing Management, 16, 905- 911. Retrieved from <http://www.whaqualitycenter.org/Portals/0/Learning%20Opportunities/Nurse%20Leaders%20Syllabus/Preparing%20nurse%20leaders%20for%202020.pdf>
7. Koch, M. (2014). Paying for health care in America: Rising costs and challenges. In C. Barbara & S. Jacob (Ed). Contemporary nursing issues trends and management (pp. 105 – 118). St. Louis, MS: Elsevier Retrieved from <http://www.rhc.ac.ir/Files/Download/pdf/nursingbooks/Contemporary%20Nursing%20Issues,%20Trends,%20&%20Management-2014-CD.pdf>
8. Malthais, S. & Crupi, A. (n.d.). The past, present and future of nursing leadership. Thinknursing! CA. Retrieved from <http://neltoolkit.nao.ca/sites/neltoolkit/files/The%20Past,%20Present%20and%20Future%20of%20Nursing%20leadership.pdf>
9. Mannix, J., Wilkes, L. & Daly J. ( 2013). Attributes of clinical leadership in contemporary nursing: An integrative review. Contemporary Nurse 45(1) . (pp. 10- 21) Retrieved from file:///C:/Users/ssss/Downloads/Mannix%20Wilkes%20&%20Daly%202013%20Attributes%20of%20Clinical%20leadership%20(1).pdf
10. Rich, V. & Porter – O’Grady, T., (2011). Nurse executive practice: creating a new vision for leadership. Nursing Administration Quarterly (35) 3 (pp.277 – 281) . Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/21654489>
11. Scott, P., Matthews, A. & Kirwan, M. (2013). What is nursing in the 21st century and what does the 21st century health system require of nursing?. Nursing Philosophy (pp 1- 12). John Wiley and Sons Ltd. Retrieved from [http://doras.dcu.ie/19342/1/nup\\_12032\\_RevAS1.pdf](http://doras.dcu.ie/19342/1/nup_12032_RevAS1.pdf)
12. The Future of Nursing, Leading Change, Advancing Health. Institute of Medicine of the National Academies (2010) Retrieved from <https://iom.nationalacademies.org/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Report%20Brief.pdf>
13. Tiffin, C. ( 2013). Beyond the bedside: the changing role of nurses today. Huffpost Goodnews. Retrieved from [http://www.huffingtonpost.com/charles-tiffin-phd/nursing-school\\_b\\_1384285.html](http://www.huffingtonpost.com/charles-tiffin-phd/nursing-school_b_1384285.html)
14. Twenty – First Century Thinking About Leadership and Management (2010). Retrieved from [http://www.lwwindia.co.in/download.aspx?type=SampleChapter&fn=9788184735345\\_16854c03.pdf](http://www.lwwindia.co.in/download.aspx?type=SampleChapter&fn=9788184735345_16854c03.pdf)
15. Villeneuve, M. and MacDonald, J. (2006). Toward 2020: Visions for Nursing. Ottawa, ON: Canadian Nurses Association. Retrieved from file:///C:/Users/ssss/Downloads/towards-2020-visions-nursing-full-document%20(1).pdf
16. Zydziunaite V (2012) Challenges and Issues in Nursing Leadership. J Nurs Care 1:e105.doi:10.4172/2167-1168.1000e105 Retrieved from <http://www.omicsgroup.org/journals/challenges-and-issues-in-nursing-leadership-2167-1168.1000e105.php?aid=6559>